

KEHP DEPENDENT VERIFICATION CENTER P.O. Box 21549 Louisville, KY 40221-9801



Your Reference Number is: 000000

April12, 2010

Employee Name Address City, State Zip

Dear Employee Name,

## NOTICE OF CANCELLATION

Thank you for responding to the Kentucky Employees' Health Plan (KEHP) dependent verification program. You indicated to drop the below dependents because they do not meet the benefit plan eligibility criteria:

## Dependent 1 Dependent 2

KEHP will remove the dependent(s) as you have directed and will inform the dependent(s) of any rights to insurance under COBRA, if applicable.

KEHP will allow an unmarried child up to age 25 to stay on the plan as long as:

- The child is the employee's, retiree's or beneficiary's son; daughter; stepson; stepdaughter; eligible foster child; adopted child; or grandchild (if the employee has legal guardianship or custody papers) AND
- The child is primarily dependent on the employee, retiree or beneficiary for the child's maintenance and support AND
- The child lives with the employee, retiree or beneficiary, unless the child is presently enrolled as a full-time student OR UNLESS THE CHILD IS CLAIMED AS A DEPENDENT ON THE EMPLOYEE'S, RETIREE'S OR BENEFICIARY'S 2009 FORM 1040 INCOME TAX RETURN. \*

Coverage is also extended to a child of any age who is categorized as permanently disabled before age 25 and who is completely dependent upon the employee, retiree, or beneficiary for maintenance and support.

**PLEASE NOTE:** The capitalized stipulation in the 3<sup>rd</sup> bulleted paragraph (above) has recently been added by KEHP. In view of this change, if you feel that you dropped one or more dependents in error, please contact Chapman Kelly immediately to correct the situation and determine the appropriate document requirements for completing eligibility verification. If you have questions regarding this letter, please contact Chapman Kelly, Inc. at (866) 977-0550 from 8:00 a.m. to 8:00 p.m. EST, Monday through Friday.

Sincerely,

Chapman Kelly, Inc.